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PAPER 1



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12 November 2007

Dear Brian

SCOTTISH HEALTH COUNCIL ANNUAL REVIEW: 8 OCTOBER 2007

1. I am writing to summarise the main points and actions arising from our discussions at the Annual Review at Delta House, Glasgow on 8 October.
2. I am very grateful to you, Richard Norris and the rest of your team for organising the day. I know how much hard work went into this and I greatly appreciate your efforts. The Health Directorate team and I found the opportunity to have discussions with Scottish Health Council staff, NHS Board staff and public/community representatives very valuable and informative.

Meeting with Public/Community representatives and NHS Staff

3. Please pass on my thanks to those who participated in this meeting, which was very positive and covered a number of issues relating to the work of the Council. The general feeling was that the Scottish Health Council is making a difference, supporting the mainstreaming of Patient Focus and Public Involvement (PFPI), though there was a view that capacity to do this at a local level can often be stretched.
4. Discussion revealed a strong desire for an increased emphasis on the development function, and the Council's role in identifying and sharing good practice and supporting Boards in relation to PFPI. This should include greater support in developing public partnership forums (PPFs). The overall feeling was that these new involvement structures are emerging fairly well, though it is still too soon to effectively measure their impact. The point was also made that PPFs should not be considered as the only mechanism for involving patients and the public.

5. The general view was that the revised assessment process, linked to HEAT targets, represents an improvement but could be further simplified, to include a more focussed section on development actions. Also, assessment should be directly linked to NHS Board governance arrangements, to position PFPI alongside other Board priorities.

6. Discussion also covered the role of the Council in supporting Boards to advance the equality and diversity agenda and a need for clarity on how this fits with the new NHS Health Scotland Directorate of Equalities and Planning. There was also a clear view of the importance of the role of the voluntary sector, in relation to PFPI development and that this should be acknowledged.

Annual Review Meeting

7. At the start of the Review meeting, I fed back on my meeting with public/ community representatives and NHS staff. I also acknowledged that this is the Council's second Review in this calendar year, which has been arranged to align the review alongside the process for NHS Boards.

8. You then gave a very helpful overview of the Council's achievements during the last year. You explained how the Council had achieved all of its early targets, including delivering a total of 21 assessment reports on every Board in relation to delivery of their PFPI responsibilities, based on a new process linked to HEAT and Local Delivery Plans. You also produced seven reports on the quality of public engagement in major consultation exercises. Overall, you felt that good progress has been made in developing a shared understanding on the role of the Council in relation to NHS Boards but that there is a need to further support Boards to enable them to demonstrate greater progress with the equality and diversity agenda. You also outlined a wide ranging programme of development activity.

Assessment Function

9. I acknowledged the Council's significant achievement in delivering the PFPI assessment reports, and those on the quality of public engagement in major consultation exercises. This represents an impressive work rate. However, we agreed that assessment should be viewed as a means to an end and that continuous assessment (the portfolio approach), rather than one-off snapshots, will be adopted in future. This fits well with feedback from NHS Boards who want support in mainstreaming PFPI activity.

10. Richard Norris agreed that there is a need to reduce as far as possible the burdens of assessment. He explained that feedback meetings were being held with NHS Boards at the end of October. I have since been briefed by officials in relation to these meetings and note that, whilst Boards welcomed the PFPI themes, they considered that the assessment process could be improved by setting more relevant questions and making the process more focussed.

11. We also agreed that efforts should focus on reducing the amount of paperwork involved in assessment and in ensuring that future reports are produced in a format that is accessible to the public. You explained that feedback had been sought from the public and, for example, easy-read versions of the reports produced, but felt that the Council needed to take stock on this and seek to establish how extensively reports are being read by the public.

Development Function

12. I made it clear that, in future, I expect to see a greater emphasis on the Council's development function. You felt that local offices have a key role in taking this forward. I was interested to hear about the emerging practice website development and will be keen to discover how successful this will be in sharing good practice. You and colleagues also shared some of the key lessons gleaned from Boards assessment reports, which included the importance of involving the public early on when considering major service change. Also, PPF development tends to be more successful where this is based on existing involvement structures and where dedicated resources are made available by NHS Boards. We agreed that you would distil the key messages in the form of a feedback report to NHS Boards, so that this wealth of experience and evidence can be used to support Boards in finding ways of doing things better.

13. We also discussed the balance between assessment and development and that the latter is clearly emerging as key for the continued improvement in PFPI. You felt that there may be a need to increase the resources allocated to this. Richard also mentioned the new Patient Focus Team, whose role will be solely for development. I will be interested to hear more about the work of this team in the coming months.

14. You went on to describe some of the research work that has been undertaken in the past year, including the accessibility of the NHS for homeless people in Aberdeen and Polish in-migrants, and we agreed the importance of sharing these findings widely.

Feedback Function

15. We agreed that Public Partnership Forum development is patchy and that the Council has an important role to assist their development so that these public involvement networks become embedded throughout Scotland. You explained that the Council has shared practice with lead contacts from PPFs and has also provided some funding to facilitate development. There is also some confusion about the respective roles of PPFs and Local Advisory Councils (LACs). Whilst indicating that you felt there was space for both bodies, you agreed that there needs to be clearer communication relating to what each body does. We considered the possibility that the LAC and PPF roles could potentially be combined and you felt that this was something that deserved further consideration. You pointed out the important distinction that LACs are independent of NHS Boards.

16. PPFs do not represent the only mechanism for engaging with the public and you explained how the Council supports broader engagement. This includes organising public events and seminars, and acknowledging the important role of managed clinical networks. Work is also ongoing to assess the training needs of members of PPFs and voluntary organisations, with a view to producing a training package to develop PFPI skills.

17. We went on to discuss *hard-to-reach* and *seldom heard* groups. You described a number of approaches that had been pursued, including examples of engaging with relatives of prisoners and gypsy travellers, and occasions when Council staff have attended various events, such as agricultural shows, to reach out to communities. Again, we agreed the importance of the role of voluntary organisations in forging links with *hard-to-reach* groups and that working with such organisations is vitally important.

18. With regards to the research you have commissioned on PPFs, I look forward to hearing how you will take this forward and provide a clear steer in supporting further development.

Major Service Change

19. I acknowledged the achievement in producing reports on major service change proposals to tight timescales. I asked for your views on what lessons had been learnt from this work and how this is being shared with Boards. You felt the key message is that engagement should begin at the outset of the process. Openness and transparency throughout the option generation, appraisal and formal consultation period leads to a more satisfactory outcome. In addition, you emphasised the importance of having clear financial and clinical information available for the public to be able to give proper consideration to the different options. Your perception was that Boards are generally following the national "Informing, engaging and consulting" guidance and that there is a recognition that the process of involvement can be seen as an asset.

20. We went on to talk about the introduction of independent scrutiny for major service change, which you have welcomed. I asked whether you were comfortable that the Council's process of assuring the quality of engagement can work alongside independent scrutiny of the quality of proposals and I emphasised the importance of the distinction between the two roles. You were confident that the two processes can work well together and that the Council has already had some experience through provision of the secretariat function to the two existing independent scrutiny panels. We also agreed that ongoing engagement processes are important. Generally when major service change is proposed, this should not come as a surprise and the process should evolve from day-to-day engagement activities.

Resources: Workforce and Finance

21. I noted that the Council's staff had been assimilated to *Agenda for Change*, although this process has had some difficulties. We went on to discuss the geography of the workforce, which you acknowledge is thinly spread. We agreed that it would now be an appropriate time to review the structure of the organisation to ensure that you can maximise effectiveness and staff have a role that continues to be fulfilling. This is in line with an agreement for an independent review to be scheduled within 2-3 years of the Council being established in 2005.

Question and Answer Session

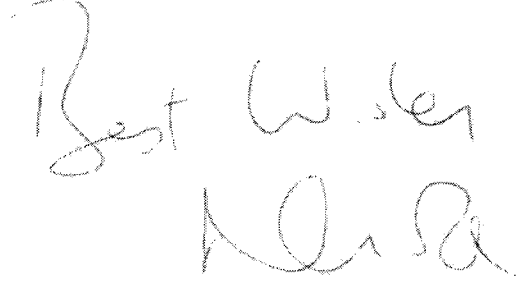
22. We have introduced this session at the Annual Reviews for the first time this year. I am keen to make sure that the public aspect of the Reviews is as active as we can make it and I hope that setting aside some time for questions and answers will help with this. We will, of course, look carefully at how effective the sessions have been once we have completed this year's round of Annual Reviews. Two questions were received in response to the Scottish Health Council invitation. However, neither was directly relevant to the work of the Council and I therefore asked the appropriate officials to arrange for a written reply to be sent to each.

Conclusions

23. Once again, I would like to thank you for a full and open presentation, and for you and your team's contribution to an informative and stimulating discussion. I have been impressed with the amount of important work that has been undertaken in the last year. There are undoubtedly many challenges ahead and I am confident that you and your team are well placed to tackle these to help ensure that the patient and public voice is heard.

I look forward to working with you in the coming months. Can I also take this opportunity to thank you for the secretariat support you are currently providing for the two existing independent scrutiny panels.

24. I have summarised the main action points from our discussion in the attached annex.

A handwritten signature in dark ink, appearing to read 'Best Wishes' followed by a stylized signature, likely Nicola Sturgeon's.

NICOLA STURGEON

SCOTTISH HEALTH COUNCIL ANNUAL REVIEW 2007

ACTION POINTS FOR 2007/08

- The Council's assessment process on Boards' delivery of their PFPI responsibilities should be simplified, the questions reviewed and include more targeted and focussed development actions.
- The Council's annual assessment reports should be made more accessible to the public – both in terms of format and dissemination.
- The Council should give greater priority to its development function.
- The Council will consider the findings of the various research projects undertaken, provide feedback and disseminate the findings to Boards with key messages and subsequent actions.
- The Council will continue to work closely with Boards and patient/community groups to identify and share good PFPI practice across NHSScotland. This should include a review of the Council's PFPI Board assessments and major service change reports to distil the good practice identified within.
- The Council will help to ensure that CHPs develop PPFs in line with guidance and evaluate their effectiveness. In particular, it will assist CHPs where PPFs have yet to be established, by advising on and disseminating good practice.
- The Council should seek to achieve measurable improvements in engaging with "hard to reach" groups, with evidence of this leading to change.
- The Council should work with the Health Directorates and stakeholders to develop terms of reference for a management review of the organisation, including its structure, and for this review to be completed by Summer 2008.